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SERIAL NUMBER 10/616,219	FILING DATE 07/08/2003 RULE	CLASS 345	GROUP ART UNIT 2676	ATTORNEY DOCKET NO. 2003P01822 US01
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APPLICANTS

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**** CONTINUING DATA ******* *M.L.*
 This appln claims benefit of 60/446,313 02/10/2003 *yes*

**** FOREIGN APPLICATIONS ******* *M.L.*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/15/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *M.L.*
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TITLE
 Patient medical parameter user interface system

FILING FEE RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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